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VS. A15 8-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02626

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville, Md? RD. X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural X
STREET ADDRESS (If rural, give location) Markleysburg, Pa.

3. NAME OF DECEASED: (Type or Print) (First) Sarah Alice (Middle) (Last) Chisholm.

4. DATE OF DEATH: (Month) March (Day) 16th (Year) 1954.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widow	Apr 26-1870	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Invalid

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Garrett, Co, Maryland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Falkner.

14. MOTHER'S MAIDEN NAME: Martha Jane Friend.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Lucretia Umbel RD. Friendsville, Md,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
450.0 Immediate cause	(a)	Bronchopneumonia	
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Rheumatoid Arthritis	
DUE TO			
	(c)	Generalized Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept....., 1953, to March 16 1954, that I last saw the deceased alive on March 16 1954, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Harold O. Ramond. M.D. Markleysburg. Pa. Mch 17. 1954

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3-19-54	Ashers Cemetery	Garrett, Co, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mch 17.1954	Kathryn Fike	H. B Rishebarger	ADDISON. PA.

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MAR 22 1954
BUREAU V. S.

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02627

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural X | LENGTH OF STAY (In this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural
STREET ADDRESS (If rural, give location) Friendsville Md.

3. NAME OF DECEASED (Type or Print): (First) LAURA - MAE (Middle) (Last) COVER
4. DATE OF DEATH: (Month) 3 - (Day) 9 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: 3-9-54/03-1903 -
9. AGE last birthday: 50 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Simon Reckard
14. MOTHER'S MAIDEN NAME: Nora Sines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT AND ADDRESS: James a Cover - Friendsville md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
Immediate cause (a) Massive Coronary Occlusion

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Generalized Arteriosclerosis
(c) Arteriosclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hypertension

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 9 19 54 to March 9 19 54, that I last saw the deceased alive on March 9 19 54 and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE Harold Kemous (Degree or title) M D. ADDRESS Markleysburg, Pa. DATE SIGNED Mar 10 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Mar - 12 54 | NAME OF CEMETERY OR CREMATORY: Blooming Rose Cemetery | LOCATION (City, town, or county) (State): Friendsville Garrett - Md

DATE REC'D BY LOCAL REG. Mch 11, 1954 | REGISTRAR'S SIGNATURE: Kathryn Fike

24. FUNERAL DIRECTOR: W H Rodaheaver - Markleysburg Pa ADDRESS

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MAR 15 1954
BUREAU V. S.

2641

MARYLAND STATE DEPARTMENT OF HEALTH

02628

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 172

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Kitzmiller
LENGTH OF STAY (In this place) 6 or 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 925 St. Rt. 38

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Kitzmiller
STREET ADDRESS (If rural, give location) Box 425 St. Rt. 38

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) PHIL GARTHWRIGHT DUCKWORTH.

4. DATE OF DEATH (Month) (Day) (Year) March 7 1954

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 10 1883
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner-Retired
10b. KIND OF BUSINESS OR INDUSTRY Coal Mine
11. BIRTHPLACE (State or foreign country) Westernport, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME adopted by Aden Duckworth
14. MOTHER'S MAIDEN NAME Charlotte Nutter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 172-18-5991
17. INFORMANT AND ADDRESS Orval Tasker, Kitzmiller, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

782.4

Immediate cause (a) Probable Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: Few Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Thomas J. Lusby M.D. (Degree or title) ADDRESS Oakland, Md. DATE SIGNED 7 March 54

23. BURIAL, CREMATION (Specify) Burial DATE THEREOF Mar. 10/54 NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery LOCATION (City, town, or county) (State) Elk Garden, Mineral Co. W.Va

DATE REC'D BY LOCAL REG. Mar 10/54 REGISTRAR'S SIGNATURE A W Barrick 24. FUNERAL DIRECTOR ADDRESS Otha F. Sharpless, Blaine, W.Va.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 12 1954
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Garrett
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Deer Park - Rural
LENGTH OF STAY (In this place) MARYLAND Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 1, near Bethlehem

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park - Rural
STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) HENRY (Last) HARDESTY

4. DATE OF DEATH: (Month) March (Day) 24 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 2 May 53

9. AGE last birthday: yrs. | If under 1 year: Months 10 | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Bushrod Hardesty Jr.

14. MOTHER'S MAIDEN NAME: Betty Jean Paugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Betty Hardesty, R 1 Deer Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

493X

Immediate cause (a) Probable Pneumonia — Interval Between Onset and Death: Few Hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY / CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Thomas Emroy M.D. (Degree or title) acting Examiner ADDRESS: Oakland, Md DATE SIGNED: 3/26/54

23. BURIAL, CREMATION OR REMOVAL (Specify): BURIAL | DATE THEREOF: MARCH-27-1954 | NAME OF CEMETERY OR CREMATORY: MOON CEMETERY | LOCATION (City, town, or county): NEAR DEER PARK (State): MD.

DATE REC'D BY LOCAL REG.: 3-27-1954 | REGISTRAR'S SIGNATURE: Julia L Rowan LR

24. FUNERAL DIRECTOR: Emroy Boldue Oakland ADDRESS: Md

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BUREAU V. S.

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MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 172

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MARGIN RESERVED FOR BINDING

1

1. PLACE OF DEATH · COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shallmar X — LENGTH OF STAY (in this place) 6mon.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shallmar X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) - (Last) McCloud		4. DATE OF DEATH (Month) March (Day) 29, (Year) 1954	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Sept.15,1869 — 9. AGE last birthday 84 yrs. — If under 1 year: Months 0, Days 14 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner	10b. KIND OF BUSINESS OR INDUSTRY Coal Mines	11. BIRTHPLACE (State or foreign country) Moorefield, W.Va.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Hider Neville McCloud		14. MOTHER'S MAIDEN NAME Sarah Martha Simpson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs. R. A. Oates, Shallmar, Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
480X Immediate cause	(a) Bilateral Bronchi-Pneumonia	2 days
Antecedent cause(s)	(b) Influenza	5 days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cardio-Vascular Renal Disease	?

19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 22, 1954, to March 29, 1954, that I last saw the deceased alive on March 29, 1954, and that death occurred at 6:45P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ralph Calandrella	MD	Kitzmiller, Md	March 30 54

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 1/54	Stullenberger Cemetery	Elk Garden, Mineral Co. W.Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
March 31-54	A W Barrick	Otha F. Sharpless, Blaine, W.Va.

RECEIVED
APR 2 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03675

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY GARRETT. MD. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND. MD
LENGTH OF STAY (in this place) 1½ YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND. MARYLAND.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ZELLA (Middle) MAE Friend (Last) MELLOTT.

4. DATE OF DEATH: (Month) (Day) (Year) MARCH 23 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MARCH. 19. 1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): SANG RUN. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN FRIEND.

14. MOTHER'S MAIDEN NAME: MARY MARKLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MAVEY G MELLOTT. OAKLAND. MD. RT-1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Bronchial Pneumonia	4 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic Heart Disease	12 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 18, 19 52, to March 23, 19 54, that I last saw the deceased alive on March 20, 19 54, and that death occurred at 10 P.M. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Dr. [illegible] MD Oakland Md 25 March

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Mar 25-1954

NAME OF CEMETERY OR CREMATORY Bluningsville

LOCATION (City, town, or county) (State) Near Friendsville Md

DATE REC'D BY LOCAL REG. 3/25/1954

REGISTRAR'S SIGNATURE Julia A Bowman

24. FUNERAL DIRECTOR ADDRESS Emroy Bodden Oakland Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

2645

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03677

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND
LENGTH OF STAY (in this place) 5 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA COUNTY GRANT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) GORMANIA
STREET ADDRESS (If rural give location) ROUTE #1

3. NAME OF DECEASED: (Type or Print) (First) LEWIS (Middle) RANDOLPH (Last) PIFER
4. DATE OF DEATH: (Month) MARCH (Day) 13 (Year) 19 54

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: APRIL 15, 1875
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WOODSMEN
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: PIFER, LEWIS
14. MOTHER'S MAIDEN NAME: HAMSTEAD, BARBARA

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 218-12-5911
17. INFORMANT & ADDRESS: CLARENCE PIFER, CRELLIN MARYLAND

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 450.0 (a) Broncho pneumonia — Interval Between Onset And Death: 5 Days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arterio Sclerosis, Severe — 10 yrs

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from November, 19 53, to March, 19 54, that I last saw the deceased alive on March 13, 1954, and that death occurred at 9:20 A., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. E. Maney MD — ADDRESS Oakland Md — DATE SIGNED 14 Mar 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Mar 15-1954 — NAME OF CEMETERY OR CREMATORY FAIRVIEW — LOCATION (City, town, or county) GORMANIA (State) W. VA.

DATE REC'D BY LOCAL REGISTRAR March 15/54 — REGISTRAR'S SIGNATURE Julia Howar LR

24. FUNERAL DIRECTOR Emray Bolden Oakland — ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 20 1934
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 03678

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett County Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W. Va. COUNTY Preston
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Corinth
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Lilley (Middle) Rebecca (Last) Shipp

4. DATE OF DEATH: (Month) (Day) (Year) March 26, 1954.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 30, 1895
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months 3 Days 26 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Aurora, W.Va.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William A. Knotts
14. MOTHER'S MAIDEN NAME: Virginia Fint

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Bud B. Shipp, Corinth, W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

443X

Immediate cause (a) Cerebro vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 12 days

DUE TO

Antecedent cause(s) (b) Hypertension cardio vascular disease — 10 yrs.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 March, 1954, to 26 March 1954, that I last saw the deceased alive on 26 March, 1954, and that death occurred at 2: m., from the causes and on the date stated above.

SIGNATURE John B Harley (DEGREE OR TITLE) M. D., ADDRESS Terra Alta, W.Va. DATE SIGNED 29 March 54

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF March 30, 1954 NAME OF CEMETERY OR CREMATORY Stemple Ridge Cemetery LOCATION (City, town, or county) Aurora Route # 1, Preston County (State) W. Va.

DATE REC'D BY LOCAL REG. 3/30/54 REGISTRAR'S SIGNATURE Julia A Rowan LR

24. FUNERAL DIRECTOR R C Malson ADDRESS Terra Alta W Va

RECEIVED
APR 20 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 03679

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH:
COUNTY GARRETT. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL OAKLAND. | LENGTH OF STAY (in this place) 2 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL. OAKLAND. MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) CHARLIE (Middle) E (Last) SINES.

4. DATE OF DEATH: (Month) MARCH. (Day) 19 (Year) 1954

5. SEX: MALE | **6. COLOR OR RACE:** WHITE | **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** WIDOWED | **8. DATE OF BIRTH:** JUNE 18, 1876 | **9. AGE Last birthday:** 77 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER. | **10b. KIND OF BUSINESS OR INDUSTRY:** | **11. BIRTHPLACE (State or foreign country):** SINES MD. | **12. CITIZEN OF WHAT COUNTRY?** U.S.

13. FATHER'S NAME: HENRY SINES.

14. MOTHER'S MAIDEN NAME: SUSAN SINES.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): NO. | **16. SOCIAL SECURITY NO.:** | **17. INFORMANT & ADDRESS:** REV. JONAS SINES. OAKLAND. RT-1 MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: | INTERVAL BETWEEN ONSET AND DEATH

420.0
Immediate cause (a) Cardiac Insufficiency — 3 wks
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Auricular Fibrillation — 1 yr
DUE TO
(c) Sclerotic Heart Disease — Yrs.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | **19b. MAJOR FINDINGS OF OPERATION:** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | **PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)** | **(CITY OR TOWN)** | **(COUNTY)** | **(STATE)**

TIME OF INJURY (Month) (Day) (Year) (Hour) | **INJURY OCCURRED** While at work ☐ Not while at work ☐ | **HOW DID INJURY OCCUR?**

PASSED AWAY ON MARCH 19th. 1954

22. I hereby certify that I ~~attended~~ the deceased ~~from~~....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE James H. Sinclair, Jr. (DEGREE OR TITLE) M.D. ADDRESS 58 2nd St Oakland, Md DATE SIGNED 3-28-54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | **DATE THEREOF** MARCH-21-1954 | **NAME OF CEMETERY OR CREMATORY** SINES. | **LOCATION (City, town, or county) (State)** NEAR SWALLOW FALLS. MD.

DATE REC'D BY LOCAL REG. 3/21/54 | **REGISTRAR'S SIGNATURE** Julia A. Howard | **24. FUNERAL DIRECTOR** Emroy Bolden | **ADDRESS** Oakland Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

RECEIVED
APR 20 1954
BUREAU V. S.

2648

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 03680 166

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett County Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W. Va. COUNTY Preston
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Corinth
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Lorenze (Middle) Dow (Last) Smith

4. DATE OF DEATH: (Month) March (Day) 7, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 10, 1863.

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR: Months 10 Days 27 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Trackman

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Richmond, Virginia

12. CITIZEN OF WHAT COUNTRY? U SaA

13. FATHER'S NAME: John Smith

14. MOTHER'S MAIDEN NAME: Polly Ann Wrathford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Bertha Simmons, Corinth, W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Cerebro vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 3 days

DUE TO

Antecedent cause(s) (b) arteriosclerotic cardio vascular disease — 15 yrs

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 28 Feb, 1954, to 7 March, 1954, that I last saw the deceased alive on 7 March, 1954, and that death occurred at 2:23 P.M.m., from the causes and on the date stated above.

SIGNATURE John B. Harley (DEGREE OR TITLE) M. D. ADDRESS Terra Alta, W. Va. DATE SIGNED 3/8/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF March 12, 1954 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery, Thomas. LOCATION (City, town, or county) West Virginia (State)

DATE REC'D BY LOCAL REG. 3/12/54 REGISTRAR'S SIGNATURE Julia L. Bowen

24. FUNERAL DIRECTOR R. Allison ADDRESS Terra Alta, W. Va.

RECEIVED
APR 20 1954
BUREAU V. S.

2649

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

03681

Reg. Dist. No. 16 6

1. PLACE OF DEATH: COUNTY Garrett MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland ✓ | LENGTH OF STAY (In this place) 4 mos

HOSPITAL OR INSTITUTION OR STREET ADDRESS Alder + 7th St. Weeks Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W. Va. COUNTY Monongalia

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Morgantown

STREET ADDRESS (If rural give location) 301 Coburn Ave ✓

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) (Last) TAYLOR

4. DATE OF DEATH: (Month) MARCH (Day) 19 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: Aug 29, 1869 | 9. AGE last birthday: 84 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Merchant | 10b. KIND OF BUSINESS OR INDUSTRY: Retired | 11. BIRTHPLACE (State or foreign country): Berlington, W. Va. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Taylor | 14. MOTHER'S MAIDEN NAME: Sarah Markwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT & ADDRESS: 301 Coburn Ave. R. W. Taylor, Morgantown, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1 (a) Congestive heart failure - chronic — Interval Between Onset And Death: 3 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Art. C. V. D. — years

DUE TO

220 X (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Diabetes + Debilitation

19a. DATE OF OPERATION: none | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Nov, 1953, to 19 March 1954 that I last saw the deceased alive on 3/9, 1954 and that death occurred at 6:55 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas J. Lusty M.D. | ADDRESS Oakland Md | DATE SIGNED 3/19/54

23. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE THEREOF March 22 1954 | NAME OF CEMETERY OR CREMATORY Beaverhill Cemetery | LOCATION (City, town, or county) Morgantown W Va (State)

DATE REC'D BY LOCAL REGISTRAR 3/20/54 | REGISTRAR'S SIGNATURE Julia A. Towson L.R. | 24. FUNERAL DIRECTOR Emroy Bolden Oakland | ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Borden

RECEIVED
APR 20 1954
BUREAU V. S.

2650

02630

MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. Tn. COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville Md.
STREET ADDRESS (If rural, give location) Rural - R.F.D.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) William (Last) Thomas

4. DATE OF DEATH: (Month) 3 (Day) 13 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10/1/1863

9. AGE last birthday: 90 yrs. — If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Friendsville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Abraham Thomas

14. MOTHER'S MAIDEN NAME: Sarah Teets

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY No.: No

17. INFORMANT AND ADDRESS: Minnie F. Thomas Friendsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a). Carcinoma Prostate,

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b).... Senility - Gen. Debility

(c)....

INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: N.A.

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. ..., 1953., to Mar-13, 1954., that I last saw the deceased alive on 3-12..., 19.54, and that death occurred at 5 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. B. Messmore — ADDRESS Addison Pa — DATE SIGNED 3-14-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Mar-15-54 — NAME OF CEMETERY OR CREMATORY: Blooming Rose Cemetery — LOCATION (City, town, or county) (State): Friendsville-Garrett-Md

DATE REC'D BY LOCAL REG. Mch 15, 1954 — REGISTRAR'S SIGNATURE: Mrs. Kathryn Dike

24. FUNERAL DIRECTOR: W. H. Rodaheaver — ADDRESS: Markleysburg Pa

REC
MAR
BUREAU V. S

2651

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02631

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND MD.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X CRELLIN MD
LENGTH OF STAY (in this place) 55 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CRELLIN MD. X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELLEN (Last) UPHOLD.

4. DATE OF DEATH: (Month) MAR. (Day) 2 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: MAY 23-1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): SWALLOW FALLS MD

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: HENRY McCABE

14. MOTHER'S MAIDEN NAME: MAHALA KISNER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: MISS ALICE UPHOLD. CRELLIN. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.2

Immediate cause (a) Chronic Myocarditis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 11, 1946, to Mar 2 1954, that I last saw the deceased alive on Mar 1, 1954, and that death occurred at 2:20 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

[signature] Bruce Gartner MD Oakland Md 3/3/54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF: MAR.-5-1954

NAME OF CEMETERY OR CREMATORY: TERRA ALTA W.VA

LOCATION (City, town, or county) (State): TERRA ALTA W. VA.

DATE REC'D BY LOCAL REG.: 3/5/54

REGISTRAR'S SIGNATURE: Julia A Rowan LR

24. FUNERAL DIRECTOR ADDRESS: Emroy Boldin Oakland Md

RECEIVED
MAR 11 1954
BUREAU V. S.

2652

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 03682 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

1. PLACE OF DEATH:
COUNTY GARRETT. MD. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN MT LAKE PARK MD
LENGTH OF STAY (in this place) 1 YR.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. LAKE PARK. MD.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) MELVIN (Middle) EDWARD (Last) WEIMER.

4. DATE OF DEATH: (Month) (Day) (Year) MARCH 24 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	SINGLE	OCT. 1 1876	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mc HENRY MD.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JESSE WEIMER.
14. MOTHER'S MAIDEN NAME: ELIZABETH FRIEND.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: GILBERT WEIMER. MT. LAKE PARK. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
450.0 Immediate cause	(a) [redacted] Uremia (Kidney failure) due to	1 wk.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerosis due to	Several yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/20, 1954, to 3/20, 1954, that I last saw the deceased alive on 3/20, 1954, and that death occurred at 1:45 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Joseph Alvare M.D. 101 Third St. Oakland, Md.

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	MARCH 27 1954	THAYERVILLE	near Oakland Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-27-1954	Julia A Rowan	Emory Boldin	Oakland Md

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APR 20 1954
BUREAU V. S.